GENITOURINARY MEDICINE

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- (3) The title of the paper should be as brief as possible.
- (4) The number of authors should be kept to the minimum, and only their initials and family names used.
- (5) Only the institution(s) where work was done by each author should be stated.
- (6) SI units must be used. If old fashioned units are used, SI units should be given in parentheses or, for tables and figures, a conversion factor given as a footnote.
- (7) Only recognised abbreviations should be used.

(8) Acknowledgements should be limited to workers whose courtesy or help extended beyond their paid work, and supporting organisations.

- (9) Figures should be numbered in the order in which they are first mentioned in the text. Captions should be typed on a separate sheet. Diagrams: use thick, white paper and insert lettering lightly in pencil. Photographs: should be marked lightly on the back with the author's name and indicating the top, and should not be attached by paper clips or pins. They should be trimmed to include only the relevant section (and will be reproduced 68 or 145 mm wide) to eliminate the need for reduction. Photomicrographs must have internal scale markers. Radiographs should be submitted as photographic prints, carefully prepared so that they bring out the exact point to be illustrated.
- (10) Tables should be numbered, have titles, and be typed on separate sheets. Please avoid large tables and use the format which appears in current issues.

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ferent from those usually found in clinically apparent lesions. Alternatively, such lesions may be produced by mechanisms entirely different from infection with HPV. The fact that the authors, along with others,8 noted that penoscopic abnormalities occurred commonly at sites of likely epithelial trauma during intercourse, may be relevant. The finding that males with a long contact history had a lower incidence of abnormalities might be consistent with the observations that older genital HPV lesions contain fewer viral particles than fresher lesions9 and are less infectious.2 It could be postulated that men who have had long term contact with women infected with HPV are, at the time of sampling, being exposed to a small viral load, and so are possibly less likely to have penile abnormalities attributable to HPV infection.

It is unfortunate that the men did not undergo full testing for other sexually transmitted diseases, for example, a urethral smear to detect non-gonococcal urethritis and syphilis and HIV serology. Furthermore, the finding that none of the men carried Chlamydia trachomatis in the urethra suggests that the population sampled was an unusual one. Several reports 10 11 suggest that other infectious agents exist often in a large proportion of those with condylomata acuminata, and co-infection has been postulated to affect the natural history of HPV infections.12

The observation of a much greater correlation between histological criteria and the detection of HPV DNA in meatal and distal urethral biopsy specimens than elsewhere was interesting. This may be related to the fact that the epithelium in the meatus and urethra is perhaps more akin to some areas of the cervix, where more experience has been gained in interpreting histological changes. Most interesting of all was the observation that HPV DNA was not found in histologically normal skin. This is in agreement with our findings in a series of penile biopsies that did not show histological evidence of HPV infection (unpublished). HPV DNA was detected using the PCR in only 1 (3%) of 35 biopsies. This is in contrast to the findings in the female genital tract. where HPV may be detected in histologically normal tissue¹³ and suggests that the epidemiology of HPV in men may be fundamentally different.

Penoscopy undoubtedly has a role in attempting to understand the epidemiology of HPV infections. However, in view of the limitations of sensitivity and specificity highlighted by Hippeläinen et al, enthusiastic calls for its widespread introduction into routine clinical practice14 should be treated with caution. More disturbing are the recommendations of some authors4 for extensive ablation of penoscopically abnormal areas. In view of the considerable anxiety already suffered by some of these patients, we prefer to wait for the results of further carefully controlled studies to determine the value of penoscopy before offering it routinely.

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NOTICES

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for applications.

18th World Congress of Dermatology—New York, 12-18 June 1992

The next (18th) World Congress of Dermatology will take place in New York City from 12–18 June 1992. "Dermatology—Progress and Perspectives" is the theme of the 6 day programme, focusing on the most recent advances and important issues in worldwide dermatology, and future directions in research and therapy. The Congress will provide a stimulating educational experience and a unique opportunity for dermatologists to interact with colleagues from all over the world.

John S Strauss has been named President of the Congress, and Stephen I Katz will serve as the Secretary General. Honorary Presidents are Rudolf L Baer and Clarence S Livingood. Alan R Shalita is the Deputy Secretary General.

The preliminary programme, abstract forms, and registration materials can be obtained from the 18th Congress Secretariat, 22 Euclid Street, Woodbury, NJ 08096, USA.

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Royal College of Obstetricians & Gynaecologists

The 26th British Congress of Obstetrics & Gynaecology will take place at the University of Manchester Institute of Science and Technology, Manchester, England from 7-10 July 1992. Information available from BCOG Secretariat, 65 West Drive, Cheam, Sutton, Surrey, SM2 7NB, UK.

The Medical Society for the Study of Venereal Diseases (MSSVD) Undergraduate Prize — Regulations

- 1 A prize of £150.00, to be called the MSSVD Undergraduate Prize, will be awarded annually by the MSSVD (provided an entry of a suitable standard is received).
- 2 Entries for the prize will take the form of a report written in English.

- The subject of the report should be related to sexually transmitted disease, genitourinary medicine, or human immunodeficiency virus (HIV) related infection.
- 4 The report should concern original and unpublished observations made by the entrant. The report, which should not exceed 2000 words, should include an introduction to the subject, methods used to make the observations, findings, and discussion. A summary of the report should also be provided on a separate sheet. Entries must be machine or type written, with double spacing, on one side only of A4 paper. Three copies must be submitted.
- 5 The subject must be approved by a genitourinary physician at the entrant's medical school. The observation must be made before full registration. A winner may not enter for the prize again. Each

- entry should be accompanied by a declaration that these conditions have been fulfilled.
- 6 Entries should be submitted to the honorary secretary of the MSSVD by June 30 each year. They will then be considered by the president, the honorary secretary, and the honorary treasurer. When appropriate other experts may be consulted. These assessors will make recommendations to council, who will make the final decision concerning the prize.
- 7 Entries must be submitted within 12 months of full registration or its equivalent.
- 8 Regulations are obtainable from the honorary secretary of the MSSVD.
- 9 The assessors may ask the editor of an appropriate journal to consider an entry for publication. If so, it will be received for publication in the usual way.

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